

In the name of God the most Compassionate, the most Merciful



Islamic Cultural Center of Fresno

**SPIRIT OF ABRAHAM AWARD / NOMINATION FORM**

**Honoring Voices of Courage and Compassion**

**I nominate the following for the Spirit of Abraham Award**

Name			Telephone Number: (     )		
Home Address					
City		State	Zip Code		Email Address
Occupation			Employed by		Title
Work Address				Work Number: (     )	
City		State	Zip Code		Email Address

**I can be contacted at**

Name					
Mailing Address				Telephone Number : (     )	
City		State	Zip Code		Email Address

**The Award will be given annually during the month of Ramadan.**

<p><b>CRIRETIA: Award to given based on the following</b></p> <p>1- Recipients: Individual(s), Muslim &amp; non-Muslim, and/or organization(s)</p> <p>2- Significant contribution to enhancing, promoting the understanding of Islam</p> <p>3- Promoting understanding and harmony among all religions and faiths.</p> <p><b>DEADLINE FOR NOMINATIONS</b></p> <p>The deadline for receiving the nominations is four months prior to the start of the month of Ramadan.</p>	<p><b>RULES</b></p> <p>1- Self-nominations will be accepted</p> <p>2- Nomination forms must be filled out. No verbal nomination will be considered</p> <p>3- Nominator(s) must include examples to reflect the qualification of the nominee(s)</p> <p>4- Letters of recommendations are optional (maximum one-page each)</p> <p>5- Resumes and other materials will not be considered</p> <p>6- Fax nomination accepted (mail an original copy or deliver by deadline)</p>
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**Why have you nominated this person / entity? (Please list the qualification of the nominee to receive the Spirit of Abraham Award.) Attach additional pages as necessary:**

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